



**2019**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

*FINAL*

*Utah: February 21, 2019  
CDC: January 6, 2019*

**NOTES:**

- (1) CAPITALIZED response options replace "DO NOT READ" text for all questions.
- (2) Pink highlights indicate that these notes/instructions should be included in Ci3 code.



## Behavioral Risk Factor Surveillance System 2019 Questionnaire

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**OMB Header**

Form Approved  
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Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

**Landline Introduction**

HELLO, I am calling for the Utah Department of Health. My name is           (name)          . We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**LL01** Is this           (phone number)           ?

- 1     YES                   **[GO TO LL02]**
- 2     NO                    **[TERMINATE]**

(63)

Commented [MH1]: LL01, CTELENM1



**[CATI/NOTE: IF LL01 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED LATER.’]**

**Private Residence**

**LL02** Is this a private residence? (64)

**READ ONLY IF NECESSARY:** By private residence, we mean some place like a house or an apartment.

- 1 YES [GO TO LL04]
- 2 NO [GO TO LL03]
- 3 NO, THIS IS A BUSINESS PHONE [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL02 = 3 (NO, THIS IS A BUSINESS PHONE), SAY ‘THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME.’]**

**[CATI/INTERVIEWER NOTE: BUSINESS NUMBERS WHICH ARE ALSO USED FOR PERSONAL COMMUNICATION ARE ELIGIBLE.]**

**College Housing**

**LL03** Do you live in college housing? (65)

**READ ONLY IF NECESSARY:** By college housing, we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

- 1 YES [GO TO LL04]
- 2 NO [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL03 = 2 (NO), SAY ‘THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.’]**

**State of Residence**

**LL04** Do you currently live in Utah? (66)

**NOTE:** State of residence is the state in which the respondent resides at least 30 consecutive days during which the survey for which they are being called is being conducted.

Commented [MH2]: LL02, PVTRES01

Commented [MH3]: LL03, COLGHOUS

Commented [MH4]: LL04, STATERE1



- 1 YES [GO TO LL05]
- 2 NO [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL04 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE STATE OF UTAH AT THIS TIME.']**

**Cellular Phone**

**LL05** Is this a cell phone?

(67)

Commented [MH5]: LL05, CELPHONE

**NOTE:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack, and other home-based phone services).

**READ ONLY IF NECESSARY:** By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

- 1 YES, IT IS A CELL PHONE [TERMINATE]

**[INTERVIEWER NOTE: YOU INDICATED THIS NUMBER REACHES A CELL PHONE. IF THIS NUMBER IS A LANDLINE, PRESS '4' TO RETURN TO THE PREVIOUS QUESTION.]**

**[CATI/INTERVIEWER NOTE: IF LL05 = 1 (YES), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING'.]**

- 2 NO, IT IS NOT A CELL PHONE [GO TO LL06]

**[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]**

**Adult**

**LL06** Are you 18 years of age or older?

(68)

Commented [MH6]: LL06, LADULT1

- 1 YES [GO TO LL07]
- 2 NO [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL06 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.']**



[CATI/INTERVIEWER NOTE: IF LL03 = 1 (YES), CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]

**Sex of Adult**

**LL07** Are you male or female?

(69)

Commented [MH7]: LL07, COLGSEX

- 1 MALE
- 2 FEMALE
- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL07 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

**Adults**

**LL08** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

Commented [MH8]: LL08, NUMADULT

-- NUMBER OF ADULTS (70-71)

If '1,' ask: Are you the adult?

If 'Yes,' say: Then you are the person I need to speak with. [GO TO LL09]

If 'No,' ask: May I speak with the adult in the household?

If 2-6 or more, GO TO LL10.

**LL09** Are you male or female?

(72)

Commented [MH9]: LL09, LANDSEX

- 1 MALE [GO TO 'CORRECT RESPONDENT']
- 2 FEMALE [GO TO 'CORRECT RESPONDENT']
- 7 DON'T KNOW / NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

[CATI/INTERVIEWER NOTE: IF LL09 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']

**LL10** How many of these adults are men?

Commented [MH10]: LL10, NUMMEN



(73-74)

-- NUMBER OF MEN

77 DON'T KNOW / NOT SURE  
99 REFUSED

**LL11** So the number of women in the household is \_\_\_?

(75-76)

Commented [MH11]: LL11, NUMWOMEN

-- NUMBER OF WOMEN

Is that correct?

**DO NOT READ:** Confirm number of adult women or clarify that total number of adults in the household.

**LL12** The person in your household that I need to speak with is [oldest/youngest/middle/male/female]. Are you the [oldest/youngest/middle/male/female] in this household?

Commented [MH12]: LL12, RESPSLCT

**NOTE:** If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

1 MALE [GO TO 'CORRECT RESPONDENT']  
2 FEMALE [GO TO 'CORRECT RESPONDENT']  
7 DON'T KNOW / NOT SURE [TERMINATE]  
9 REFUSED [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF LL12 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

## Cell Phone Introduction

HELLO, I am calling for the Utah Department of Health. My name is       (name)      . We are gathering information about the health of Utah residents. This project is conducted by the Utah Department of Health with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**CP01** Is this a safe time to talk with you or are you driving?

(78)

Commented [MH13]: CP01, SAFETIME

1 YES [GO TO CP02]  
2 NO [TERMINATE]



**[CATI/INTERVIEWER NOTE: IF CP01 = 2 (NO), SAY 'THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME.' (SET APPOINTMENT IF POSSIBLE.)]**

**Phone**

**CP02** Is this (phone number) ? (79)

|   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP03] |
| 2 | NO  | [TERMINATE]  |

Commented [MH14]: CP02, CTELENUM1

**[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME.]**

**Cellular Phone**

**CP03** Is this a cell phone? (80)

**READ ONLY IF NECESSARY:** By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

|   |                         |              |
|---|-------------------------|--------------|
| 1 | YES, IT IS A CELL PHONE | [GO TO CP04] |
| 2 | NO, NOT A CELL PHONE    | [TERMINATE]  |

Commented [MH15]: CP03, CELLFON5

**[CATI/INTERVIEWER NOTE: IF CP03 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME.']**

**Adult**

**CP04** Are you 18 years of age or older? (81)

|   |     |              |
|---|-----|--------------|
| 1 | YES | [GO TO CP05] |
| 2 | NO  | [TERMINATE]  |

Commented [MH16]: CP04, CADULT1

**[CATI/INTERVIEWER NOTE: IF CP04 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME.']**

**Sex of Adult**

**CP05** Are you male or female? (82)

|   |        |
|---|--------|
| 1 | MALE   |
| 2 | FEMALE |

Commented [MH17]: CP05, CELLSEX



7 DON'T KNOW / NOT SURE [TERMINATE]  
 9 REFUSED [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF CP05 = 7 (DON'T KNOW / NOT SURE) OR 9 (REFUSED), SAY 'THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.']**

**Private Residence**

**CP06** Do you live in a private residence?

(83)

Commented [MH18]: CP06, PVTRES3

**READ ONLY IF NECESSARY:** By private residence, we mean someplace like a house or an apartment.

1 YES [GO TO CP08]  
 2 NO [GO TO CP07]

**College Housing**

**CP07** Do you live in college housing?

(84)

Commented [MH19]: CP07, CCLGHOUS

**READ ONLY IF NECESSARY:** By college housing, we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

1 YES [GO TO CP08]  
 2 NO [TERMINATE]

**[CATI/INTERVIEWER NOTE: IF CP07 = 2 (NO), SAY 'THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME.']**

**State of Residence**

**CP08** Do you currently live in Utah?

(85)

Commented [MH20]: CP08, CSTATE1

**NOTE:** State of residence is the state in which the respondent resides for at least 30 consecutive days during which the survey for which they are being called is being conducted.

1 YES [GO TO CP10]  
 2 NO [GO TO CP09]



**State**

**CP09** In what state do you currently live?

(86-87)

Commented [MH21]: CP09, RSPSTAT1

\_\_\_\_\_ ENTER FIPS STATE

**Landline**

**CP10** Do you also have a landline telephone in your home that is used to make and receive calls?

(88)

Commented [MH22]: CP10, LANDLINE

**NOTE:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

**READ ONLY IF NECESSARY:** By landline telephone, we mean a 'regular' telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI/INTERVIEWER NOTE: IF CP07 = 1 (YES), DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE. IF CP07 = 1 (YES), THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]**

**NUMADULT**

**CP11** How many members of your household, including yourself, are 18 years of age or older?

(89-90)

Commented [MH23]: CP11, HHADULT

-- NUMBER OF ADULTS

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**TRANSITION TO 'CORRECT RESPONDENT.'**



## Core Sections

---

**[CAT/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ.]**

### **To Correct Respondent:**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-888-222-2542.

### **Section 1: Health Status**

---

**C01.01** Would you say that in general your health is excellent, very good, good, fair, or poor? (101)

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH24]: C01.01, GENHLTH

### **Section 2: Healthy Days**

---

**C02.01** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (102-103)

- NUMBER OF DAYS [01-30]
  
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Commented [MH25]: C02.01, PHYSHLTH

**C02.02** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (104-105)

- NUMBER OF DAYS [RANGE: 01-30]

Commented [MH26]: C02.02, MENTHLTH



- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF C02.01 AND C02.02 = 88 (NONE), GO TO NEXT SECTION.]**

**C02.03** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (106-107)

**Commented [MH27]:** C02.03, POORHLTH

-- NUMBER OF DAYS [RANGE: 01-30]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**Section 3: Health Care Access**

**C03.01** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (108)

**Commented [MH28]:** C03.01, HLTHPLN1

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C03.02** Do you have one person you think of as your personal doctor or health care provider? (109)

**Commented [MH29]:** C03.02, PERSDOC2

**NOTE:** If 'No,' ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C03.03** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (110)

**Commented [MH30]:** C03.03, MEDCOST

- 1 YES
- 2 NO



- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C03.04** About how long has it been since you last visited a doctor for a routine checkup?  
(111)

Commented [MH31]: C03.04, CHECKUP1

**NOTE:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

#### Section 4: Hypertension Awareness

**C04.01** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
(112)

Commented [MH32]: C04.01, BPHIGH4

**NOTE:** If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

**READ ONLY IF NECESSARY:** By 'other health professional,' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
- 3 No **[GO TO NEXT SECTION]**
- 4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**C04.02** Are you currently taking prescription medicine for your high blood pressure?  
(113)

Commented [MH33]: C04.02, BPMEDS

- 1 YES
- 2 NO



- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 16: Home/Self-Measured Blood Pressure

**[CATI NOTE: ASK MODULE 16, HOME/SELF-MEASURED BLOOD PRESSURE, ON BOTH QUESTIONNAIRE PATHS.]**

**M16.01** Has your doctor, nurse, or other health professional recommended you check your blood pressure outside of the office or at home? (360)

**NOTE:** By 'other health professional,' we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH34]: M16.01, HOMBPCCHK

**M16.02** Do you regularly check your blood pressure outside of your health professional's office or at home? (361)

- 1 YES
- 2 NO [GO TO NEXT SECTION]
  
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

Commented [MH35]: M16.02, HOMRGCHK

**M16.03** Do you take it mostly at home or on a machine at a pharmacy, grocery, or similar location? (362)

- 1 AT HOME
- 2 ON A MACHINE AT A PHARMACY, GROCERY, OR SIMILAR LOCATION
- 3 DO NOT CHECK IT
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH36]: M16.03, WHEREBP

**M16.04** How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone; by other methods such as email, internet portal, or fax; or in person? (363)

- 1 BY TELEPHONE

Commented [MH37]: M16.04, SHAREBP



- 2 OTHER METHODS SUCH AS EMAIL, INTERNET PORTAL, OR FAX
- 3 IN PERSON
  
- 4 DO NOT SHARE INFORMATION
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 5: Cholesterol Awareness

**C05.01** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

Commented [MH38]: C05.01, CHOLCHK2

(114)

- 1 Never **[GO TO NEXT SECTION]**
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED **[GO TO NEXT SECTION]**

**C05.02** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Commented [MH39]: C05.02, TOLDHI1

(115)

**NOTE:** By 'other health professional,' we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**C05.03** Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

Commented [MH40]: C05.03, CHOLMED2

(116)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



## Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me 'Yes,' 'No,' or you're 'Not sure.'

**C06.01** (Ever told) you that you had a heart attack also called a myocardial infarction? (117)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH41]: C06.01, CVDINFR4

**C06.02** (Ever told) you had angina or coronary heart disease? (118)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH42]: C06.02, CVDCRHD4

**C06.03** (Ever told) you had a stroke? (119)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH43]: C06.03, CVDSTRK3

**C06.04** (Ever told) you had asthma? (120)

- 1 YES
- 2 NO [GO TO C06.06]
  
- 7 DON'T KNOW / NOT SURE [GO TO C06.06]
- 9 REFUSED [GO TO C06.06]

Commented [MH44]: C06.04, ASTHMA3

**C06.05** Do you still have asthma? (121)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH45]: C06.05, ASTHNOW



**C06.06** (Ever told) you had skin cancer?

(122)

**Commented [MH46]:** C06.06, CHCSCNCR

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C06.07** (Ever told) you had any other types of cancer?

(123)

**Commented [MH47]:** C06.07, CHCOCNCR

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C06.08** (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

(124)

**Commented [MH48]:** C06.08, CHCCOPD1

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C06.09** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(125)

**Commented [MH49]:** C06.09, ADDEPEV2

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



**C06.10** Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease? (126)

Commented [MH50]: C06.10, CHCKDNY2

**NOTE:** Incontinence is not being able to control urine flow.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C06.11** (Ever told) you had diabetes? (127)

Commented [MH51]: C06.11, DIABETE3

**NOTE:** If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

**NOTE:** If respondent says 'pre-diabetes or borderline diabetes,' use response code '4.'

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY  
[GO TO NEXT SECTION]
- 3 NO [GO TO NEXT SECTION]
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**[CATI NOTE: IF C06.11 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE, TO C06.11, GO TO PRE-DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]**

**C06.12** How old were you when you were told you had diabetes? (128-129)

Commented [MH52]: C06.12, DIABAGE2

- CODE AGE IN YEARS [CATI NOTE: 97 = 97 AND OLDER]  
[GO TO NEXT SECTION]
- 98 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 99 REFUSED [GO TO NEXT SECTION]

**[CATI NOTE: GO TO DIABETES OPTIONAL MODULE, IF USED. OTHERWISE, GO TO NEXT SECTION.]**

**Module 2: Diabetes**

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**[CATI NOTE: ASK MODULE 2, DIABETES, ON QUESTIONNAIRE PATH 12/22.]**

**[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING 'YES' (CODE = 1) TO C06.11 (DIABETES AWARENESS QUESTION).]**

**M02.01** Are you now taking insulin? (280)

1 YES  
2 NO

7 DON'T KNOW / NOT SURE  
9 REFUSED

**Commented [MH53]:** M02.01, INSULIN

**M02.02** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

**Commented [MH54]:** M02.02, BLDSUGAR

**NOTE:** Enter quantity per day, week, month, or year.

**NOTE:** If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98' times per day = 198.

1 \_\_ TIMES PER DAY  
2 \_\_ TIMES PER WEEK  
3 \_\_ TIMES PER MONTH  
4 \_\_ TIMES PER YEAR

888 NEVER  
777 DON'T KNOW / NOT SURE  
999 REFUSED

**M02.03** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? (284-286)

**Commented [MH55]:** M02.03, FEETCHK3

**NOTE:** Enter quantity per day, week, month, or year.

1 \_\_ TIMES PER DAY  
2 \_\_ TIMES PER WEEK  
3 \_\_ TIMES PER MONTH  
4 \_\_ TIMES PER YEAR

555 NO FEET  
888 NEVER  
777 DON'T KNOW / NOT SURE



999 REFUSED

**M02.04** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

Commented [MH56]: M02.04, DOCTDIAB

(287-288)

-- NUMBER OF TIMES [NOTE: IF MORE THAN 76 TIMES, ENTER '76.']

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**M02.05** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for 'A-one-C'?

Commented [MH57]: M02.05, CHKHEMO3

NOTE: A test for 'A-one-C' measures the average level of blood sugar over the past three months.

(289-290)

-- NUMBER OF TIMES [NOTE: IF MORE THAN 76 TIMES, ENTER '76.']

- 88 NONE
- 98 NEVER HEARD OF 'A ONE C' TEST
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF M02.03 = 555 (NO FEET), GO TO M02.07.]

**M02.06** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

Commented [MH58]: M02.06, FEETCHK

(291-292)

-- NUMBER OF TIMES [NOTE: IF MORE THAN 76 TIMES, ENTER '76.']

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**M02.07** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Commented [MH59]: M02.07, EYEEXAM1

(293)

READ ONLY IF NECESSARY:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago



- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

**M02.08** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(294)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH60]: M02.08, DIABEYE

**M02.09** Have you ever taken a course or class in how to manage your diabetes yourself?

(295)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE]
- 9 REFUSED

Commented [MH61]: M02.09, DIABEDU

## Section 7: Arthritis

Next, I will ask you about arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**C07.01** (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(130)

**NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome

Commented [MH62]: C07.01, HAVARTH3



vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 1 YES
- 2 NO [GO TO NEXT SECTION]
  
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]



**C07.02** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(131)

**NOTE:** If the respondent is unclear about whether this means increase or decrease in physical activity, it means increase.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH63]: C07.02, ARTHEXER

**C07.03** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(132)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH64]: C07.03, ARTHEDU

**C07.04** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(133)

**NOTE:** If a question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH65]: C07.04, LMTJOIN3



**NOTE:** C07.05 should be asked of all respondents, regardless of employment status.

**C07.05** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (134)

Commented [MH66]: C07.05, ARTHDIS2

**NOTE:** If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is 'Yes,' mark the overall response as 'Yes.' If a question arises about medications or treatment, then the interviewer should say 'Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.'

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C07.06** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? (135-136)

Commented [MH67]: C07.06, JOINPAI2

-- ENTER NUMBER [RANGE: 00-10]

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 8: Demographics

**READ IF NECESSARY:** I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

**C08.01** What is your age? (137-138)

Commented [MH68]: C08.01, AGE

-- ENTER AGE IN YEARS [RANGE: 18-99]

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

**C08.02** Are you Hispanic, Latino/a, or Spanish origin? (139-140)

Commented [MH69]: C08.02, HISPANC3

- 1 YES
- 2 NO



- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

If 'Yes,' ask: Are you:

**NOTE: One or more categories may be selected.**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT8.2c]**
- 5 NO
- 7 DON'T KNOW / NOT SURE **[GO TO C08.03]**
- 9 REFUSED **[GO TO C08.03]**

**[CATI NOTE: ASK UT8.2c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.2c** You identified yourself as being of 'Another Hispanic, Latino/a, or Spanish origin.' Are you: (901-904)

**NOTE: One or more categories may be selected.**

**PLEASE READ:**

- 1 Dominican
- 2 Central American
- 3 South American
- 4 Another Hispanic, Latino/a, or Spanish origin
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.03** Which one or more of the following would you say is your race?

**Commented [MH70]:** C08.03, MRACE1

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

(143-170)

If Asian, ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

If Pacific Islander, ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

**NOTE: One or more categories may be selected.**

- 10 WHITE



- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER [GO TO UT8.3c]
- 60 OTHER (SPECIFY)
- 77 DON'T KNOW / NOT SURE [GO TO M28.01]
- 99 REFUSED [GO TO M28.01]

**[CATI NOTE: ASK UT8.3c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.3c** You identified yourself as being 'Other Pacific Islander.' Are you: (905)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08.03, CONTINUE. OTHERWISE, GO TO MODULE 28, SEX AT BIRTH.]**

**C08.04** Which one of these groups would you say best represents your race? (171-172)

**Commented [MH71]:** C08.04, ORACE3

**NOTE:** If the respondent provides more than one category code as '99,' 'REFUSED.'

- 10 WHITE



- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER
- 60 OTHER (SPECIFY)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[GO TO UT8.4c]

**[CATI NOTE: ASK UT8.4c ON BOTH QUESTIONNAIRE PATHS.]**

**UT8.4c** You identified yourself as being 'Other Pacific Islander.' Are you: (906)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 28: Sex at Birth

**[CATI NOTE: ASK MODULE 28, SEX AT BIRTH, ON BOTH QUESTIONNAIRE PATHS.]**

**M28.01** What was your sex at birth? Was it male or female? (620)

- 1 MALE
- 2 FEMALE
- 7 DON'T KNOW / NOT SURE

Commented [MH72]: M28.01, BIRTHSEX



9 REFUSED

## Module 29: Sexual Orientation and Gender Identity

**[CATI NOTE: ASK MODULE 29, SEXUAL ORIENTATION AND GENDER IDENTITY, ON BOTH QUESTIONNAIRE PATHS.]**

The next two questions are about sexual orientation and gender identity.

**[CATI NOTE: ASK M29.01a IF SEX = 1 (MALE).]**

**M29.01a** Which of the following best represents how you think of yourself: 1, Gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

(621)

**NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

**READ IF NECESSARY:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**NOTE:** If the respondent does not understand the question topic, code 7.

- 1 GAY
- 2 STRAIGHT, THAT IS, NOT GAY
- 3 BISEXUAL
- 4 SOMETHING ELSE

7 I DON'T KNOW THE ANSWER

9 REFUSED

Commented [MH73]: M29.01a, SOMALE

**[CATI NOTE: ASK M29.01b IF SEX = 2 (FEMALE).]**

**M29.01b** Which of the following best represents how you think of yourself: 1, Lesbian or gay; 2, Straight, that is not gay; 3, Bisexual; or 4, Something else?

(622)

**NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

**READ IF NECESSARY:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**NOTE:** If the respondent does not understand the question topic, code 7.

- 1 LESBIAN OR GAY
- 2 STRAIGHT, THAT IS, NOT GAY

Commented [MH74]: M29.01b, SOFEMALE



- 3 BISEXUAL
- 4 SOMETHING ELSE
  
- 7 I DON'T KNOW THE ANSWER
- 9 REFUSED

**M29.02** Do you consider yourself to be transgender?

(623)

Commented [MH75]: M29.02, TRNSGNDR

**READ IF NECESSARY:** Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation, straight, gay, lesbian, or bisexual.

If 'Yes,' ask: Would you say transgender: 1, male-to-female; 2, female-to-male; or 3, gender nonconforming?

**NOTE:** If asked about the definition of gender nonconforming: some people think of themselves as gender nonconforming when they do not identify ONLY as a man or ONLY as a woman.

**NOTE:** Respondent can answer with either the number or the text/word.

- 1 (YES, TRANSGENDER,) MALE-TO-FEMALE
- 2 (YES, TRANSGENDER,) FEMALE-TO-MALE
- 3 (YES, TRANSGENDER,) GENDER NONCONFORMING
- 4 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 8: Demographics CONTINUED

**C08.05** Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(173)

Commented [MH76]: C08.05, MARITAL

- 1 MARRIED
- 2 DIVORCED
- 3 WIDOWED
- 4 SEPARATED
- 5 NEVER MARRIED
- 6 A MEMBER OF AN UNMARRIED COUPLE
  
- 9 REFUSED



**C08.06** What is the highest grade or year of school you completed?

(174)

**Commented [MH77]:** C08.06, EDUCA

**READ ONLY IF NECESSARY:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 9 REFUSED

**C08.07** Do you own or rent your home?

(175)

**Commented [MH78]:** C08.07, RENTHOM1

**NOTE:** 'Other arrangement' may include group home, or staying with friends or family without paying rent.

**NOTE:** 'Home' is defined as the place where you live most of the time/the majority of the year.

**READ ONLY IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.08** In what county do you currently live?

(176-178)

**Commented [MH79]:** C08.08, CTYCODE2

-- -- ANSI COUNTY CODE

777 DON'T KNOW / NOT SURE  
999 REFUSED

**C08.09** What is the ZIP Code where you currently live?

(179-183)

**Commented [MH80]:** C08.09, ZIPCODE1

----- ENTER 5-DIGIT ZIP CODE

77777 DON'T KNOW / NOT SURE



99999 REFUSED

**[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP C08.10 AND GO TO C08.12.]**

- C08.10** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? (184)
- 1 YES
  - 2 NO [GO TO C08.12]
  - 7 DON'T KNOW / NOT SURE [GO TO C08.12]
  - 9 REFUSED [GO TO C08.12]

Commented [MH81]: C08.10, NUMHHOL3

- C08.11** How many of these telephone numbers are residential numbers? (185)
- 1 ONE
  - 2 TWO
  - 3 THREE
  - 4 FOUR
  - 5 FIVE
  - 6 SIX OR MORE
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

Commented [MH82]: C08.11, NUMPHON3

- C08.12** How many cell phones do you have for personal use? (186)
- NOTE:** Include cell phones used for both business and personal use.
- 1 ONE
  - 2 TWO
  - 3 THREE
  - 4 FOUR
  - 5 FIVE
  - 6 SIX OR MORE
  - 7 DON'T KNOW / NOT SURE
  - 8 NONE
  - 9 REFUSED

Commented [MH83]: C08.12, CPDEMO1B

- C08.13** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (187)
- READ IF NECESSARY:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Commented [MH84]: C08.13, VETERAN3



- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.14** Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work? (188)

Commented [MH85]: C08.14, EMPLOY1

**NOTE:** If more than one category applies, say: 'Please select the category which best describes you.'

**NOTE:** Do not code 7 for 'Don't know' on this question.

- 1 EMPLOYED FOR WAGES
- 2 SELF-EMPLOYED
- 3 OUT OF WORK FOR 1 YEAR OR MORE
- 4 OUT OF WORK FOR LESS THAN 1 YEAR
- 5 A HOMEMAKER
- 6 A STUDENT
- 7 RETIRED
- 8 UNABLE TO WORK
  
- 9 REFUSED

**C08.15** How many children less than 18 years of age live in your household? (189-190)

Commented [MH86]: C08.15, CHILDREN

\_ \_ NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED

**C08.16** Is your annual household income from all sources: (191-192)

Commented [MH87]: C08.16, INCOME2

**NOTE:** If respondent refuses at any income level, code '99' (refused).

- 4 Less than \$25,000 If 'No,' code 5; if 'Yes,' ask 3.  
(\$20,000 to less than \$25,000)
  
- 3 Less than \$20,000 If 'No,' code 4; if 'Yes,' ask 2.  
(\$15,000 to less than \$20,000)
  
- 2 Less than \$15,000 If 'No,' code 3; if 'Yes,' ask 1.



(\$10,000 to less than \$15,000)

- 1 Less than \$10,000 **If 'No,' code 2.**
- 5 Less than \$35,000 **If 'No,' ask 6.**  
(\$25,000 to less than \$35,000)
- 6 Less than \$50,000 **If 'No,' ask 7.**  
(\$35,000 to less than \$50,000)
- 7 Less than \$75,000 **If 'No,' code 8.**  
(\$50,000 to less than \$75,000)
- 8 \$75,000 or more

**[CATI NOTE: ASK 'UTIncome' ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C08.16. WE NEED TO BE ABLE TO REPORT THE C08.16 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]**

**UTIncome**

(907-908)

- 1 less than \$5,000
- 2 \$5,000 to less than \$10,000
- 3 \$10,000 to less than \$15,000
- 4 \$15,000 to less than \$20,000
- 5 \$20,000 to less than \$25,000
- 6 \$25,000 to less than \$30,000
- 7 \$30,000 to less than \$35,000
- 8 \$35,000 to less than \$40,000
- 9 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more

**C08.17** About how much do you weigh without shoes?

(193-196)

**Commented [MH88]:** C08.17, WEIGHT2

**NOTE:** If respondent answers in metrics, put a '9' in the first position. Round fractions up.

\_\_ / \_\_ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS

7777 DON'T KNOW / NOT SURE



9999 REFUSED

**C08.18** About how tall are you without shoes? (197-200)

**NOTE:** If respondent answers in metrics, put a '9' in the first position. Round fractions down.

\_\_ / \_\_ ENTER HEIGHT IN FEET/INCHES OR METERS/CENTIMETERS

77 / 77 DON'T KNOW / NOT SURE  
99 / 99 REFUSED

Commented [MH89]: C08.18, HEIGHT3

**[CAT/INTERVIEWER NOTE: IF MALE, GO TO M28.01, BIRTHSEX, IS CODED '1'; OR CP.05 = 1; OR LL.12 = 1; OR LL.09 = 1; LL.07 = 1; OR C08.01 > 49 YEARS OLD.]**

**C08.19** To your knowledge, are you now pregnant? (201)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH90]: C08.19, PREGNANT

**C08.20** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? (202)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH91]: C08.20, DEAF

**C08.21** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (203)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH92]: C08.21, BLIND

**C08.22** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Commented [MH93]: C08.22, DECIDE



(204)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.23** Do you have serious difficulty walking or climbing stairs? (205)

Commented [MH94]: C08.23, DIFFWALK

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.24** Do you have difficulty dressing or bathing? (206)

Commented [MH95]: C08.24, DIFFDRES

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C08.25** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (207)

Commented [MH96]: C08.25, DIFFALON

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 9: Tobacco Use

**C09.01** Have you smoked at least 100 cigarettes in your entire life? (208)

Commented [MH97]: C09.01, SMOKE100

**NOTE:** Do not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

**NOTE:** 5 packs = 100 cigarettes.

- 1 YES
- 2 NO

[GO TO C09.05]



- 7 DON'T KNOW / NOT SURE [GO TO C09.05]
- 9 REFUSED [GO TO C09.05]

**C09.02** Do you now smoke cigarettes every day, some days, or not at all? (209)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL [GO TO C09.04]
- 7 DON'T KNOW / NOT SURE [GO TO C09.05]
- 9 REFUSED [GO TO C09.05]

Commented [MH98]: C09.02, SMOKDAY2

**C09.03** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (210)

- 1 YES [GO TO QUIT30]
- 2 NO [GO TO C09.05]
- 7 DON'T KNOW / NOT SURE [GO TO C09.05]
- 9 REFUSED [GO TO C09.05]

Commented [MH99]: C09.03, STOPSMK2

**[CATI NOTE: ASK QUIT30 QUESTION ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: ASK ONLY IF C09.03 = 1 (YES).]**

**QUIT30** During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking? (909)

- 1 YES [GO TO C09.05]
- 2 NO [GO TO C09.05]
- 7 DON'T KNOW / NOT SURE [GO TO C09.05]
- 9 REFUSED [GO TO C09.05]

**C09.04** How long has it been since you last smoked a cigarette, even one or two puffs? (211-212)

**READ ONLY IF NECESSARY:**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)

Commented [MH100]: C09.04, LASTSMK2



- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C09.05** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(213)

Commented [MH101]: C09.05, USENOW3

**NOTE:** Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## E-Cigarettes

**[CATI NOTE: ASK E-CIGARETTE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

The next questions are about electronic cigarettes and other electronic 'vaping' products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

**STECIG1** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

(910)

**NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include JUULs, vape pens, mods, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**



**STECIG2** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? (911)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STECIG3** Do you currently smoke cigars, cigarillos, or little cigars every day, some days, or not at all? (912)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 10: Alcohol Consumption

---

**C10.01** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(214-216)

**NOTE:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 1 \_\_ DAYS PER WEEK
- 2 \_\_ DAYS IN PAST 30 DAYS

- 888 NO DRINKS IN PAST 30 DAYS **[GO TO NEXT SECTION]**
- 777 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 999 REFUSED **[GO TO NEXT SECTION]**

**Commented [MH102]:** C10.01, ALCDAY5

**C10.02** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(217-218)

**NOTE:** A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**Commented [MH103]:** C10.02, AVEDRNK2



- NUMBER OF DRINKS **[NOTE: 76 = 76 OR MORE.]**
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C10.03** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

Commented [MH104]: C10.03, DRNK3GE5

- (219-220)
- NUMBER OF TIMES
- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**C10.04** During the past 30 days, what is the largest number of drinks you had on any occasion?

Commented [MH105]: C10.04, MAXDRNKS

- (221-222)
- NUMBER OF DRINKS **[NOTE: 76 = 76 OR MORE.]**
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**Section 11: Exercise (Physical Activity)**

**C11.01** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Commented [MH106]: C11.01, EXERANY2

(223)  
**NOTE: If respondent does not have a 'regular job duty' or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

- 1 YES
- 2 NO **[GO TO C11.08]**
- 7 DON'T KNOW / NOT SURE **[GO TO C11.08]**
- 9 REFUSED **[GO TO C11.08]**

**C11.02** What type of physical activity or exercise did you spend the most time doing during the past month?

Commented [MH107]: C11.02, EXTRACT11

(224-225)  
**NOTE: If the respondent's activity is not included in the physical activity coding list, choose the option listed as 'Other.'**

-- (SPECIFY) **[SEE PHYSICAL ACTIVITY CODING LIST ON LAST PAGE.]**



77 DON'T KNOW / NOT SURE [GO TO C11.08]  
99 REFUSED [GO TO C11.08]

**C11.03** How many times per week or per month did you take part in this activity during the past month?

Commented [MH108]: C11.03, EXEROFT1

(226-228)

1\_\_ TIMES PER WEEK  
2\_\_ TIMES PER MONTH

777 DON'T KNOW / NOT SURE  
999 REFUSED

**C11.04** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Commented [MH109]: C11.04, EXERHMM1

(229-231)

\_:\_\_ HOURS AND MINUTES

777 DON'T KNOW / NOT SURE  
999 REFUSED

**C11.05** What other type of physical activity gave you the next most exercise during the past month?

Commented [MH110]: C11.05, EXTRACT21

(232-233)

**NOTE:** If the respondent's activity is not included in the physical activity coding list, choose the option listed as 'Other.'

-- (SPECIFY) [SEE PHYSICAL ACTIVITY CODING LIST ON LAST PAGE.]

88 NO OTHER ACTIVITY [GO TO C11.08]  
77 DON'T KNOW / NOT SURE [GO TO C11.08]  
99 REFUSED [GO TO C11.08]

**C11.06** How many times per week or per month did you take part in this activity during the past month?

Commented [MH111]: C11.06, EXEROFT2

(234-236)

1\_\_ TIMES PER WEEK  
2\_\_ TIMES PER MONTH

777 DON'T KNOW / NOT SURE  
999 REFUSED



**C11.07** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(237-239)

.\_ \_ HOURS AND MINUTES

777 DON'T KNOW / NOT SURE

999 REFUSED

Commented [MH112]: C11.07, EXERHMM2

**C11.08** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles?

(240-242)

**NOTE:** Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_ \_ TIMES PER WEEK

2\_ \_ TIMES PER MONTH

888 NEVER

777 DON'T KNOW / NOT SURE

999 REFUSED

Commented [MH113]: C11.08, STRENGTH

## Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**NOTE:** If a respondent indicates that they consume a food item every day, then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

**C12.01** Not including juices, how often did you eat fruit? You can tell me times per day, times per week, or times per month.

(243-245)

**NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':** Include fresh, frozen or canned fruit. Do not include dried fruits.

1\_ \_ DAY

2\_ \_ WEEK

3\_ \_ MONTH

300 LESS THAN ONCE A MONTH

Commented [MH114]: C12.01, FRUIT2



555 NEVER  
777 DON'T KNOW / NOT SURE  
999 REFUSED

**C12.02** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

(246-248)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:** Do not include fruit-flavored drinks with added sugar like Cranberry Cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.

1\_\_ DAY  
2\_\_ WEEK  
3\_\_ MONTH

300 LESS THAN ONCE A MONTH  
555 NEVER  
777 DON'T KNOW / NOT SURE  
999 REFUSED

Commented [MH115]: C12.02, FRUITJU2

**C12.03** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(249-251)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS ABOUT SPINACH:** Include spinach salads.

1\_\_ DAY  
2\_\_ WEEK  
3\_\_ MONTH

300 LESS THAN ONCE A MONTH  
555 NEVER  
777 DON'T KNOW / NOT SURE  
999 REFUSED

Commented [MH116]: C12.03, FVGREEN1

**C12.04** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

(252-254)

Commented [MH117]: C12.04, FRENCHF1



**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** Do not include potato chips.

- 1\_\_ DAY
- 2\_\_ WEEK
- 3\_\_ MONTH

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**C12.05** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(255-257)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:** Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes. Do not include potato chips.

- 1\_\_ DAY
- 2\_\_ WEEK
- 3\_\_ MONTH

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

Commented [MH118]: C12.05, POTATOE1

**C12.06** Not including lettuce salads and potatoes, how often did you eat other vegetables?

(258-260)

**NOTE:** Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE:** Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

- 1\_\_ DAY
- 2\_\_ WEEK
- 3\_\_ MONTH

Commented [MH119]: C12.06, VEGETAB2



- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

**[CATI NOTE: ASK 'FAMDIN1' ON QUESTIONNAIRES 11/21.]**

**FAMDIN1** During the past month, how many times per day, week, or month did all or most of your family living in your house eat a meal together?

(913-915)

**NOTE:** This question is asked only if there are children under age 18 in the household.

- 1\_\_ DAY
- 2\_\_ WEEK
- 3\_\_ MONTH

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW
- 999 REFUSED

**Section 13: Immunization**

**C13.01** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

(261)

**READ IF NECESSARY:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 YES
- 2 NO [GO TO C13.03]
- 7 DON'T KNOW / NOT SURE [GO TO C13.03]
- 9 REFUSED [GO TO C13.03]

Commented [MH120]: C13.01, FLUSHOT7

**C13.02** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

(262-267)

\_\_ / \_\_\_\_ ENTER MONTH / YEAR

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

Commented [MH121]: C13.02, FLSHMTY3



**C13.03** Have you received a tetanus shot in the past 10 years? (268)

Commented [MH122]: C13.03, TETANUS1

**NOTE:** If 'Yes,' ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C13.04** Have you ever had a pneumonia shot also known as a pneumococcal vaccine? (269)

Commented [MH123]: C13.04, PNEUVAC4

**READ IF NECESSARY:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 14: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**C14.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV? (270)

Commented [MH124]: C14.01, HIVTST7

- 1 YES
- 2 NO [GO TO C14.03]
  
- 7 DON'T KNOW / NOT SURE [GO TO C14.03]
- 9 REFUSED [GO TO C14.03]

**C14.02** Not including blood donations, in what month and year was your last HIV test? (271-276)

Commented [MH125]: C14.02, HIVTSTD3



**NOTE:** If response is before January 1985, code '7777777' or 'DON'T KNOW / NOT SURE'

**NOTE:** If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. Example: 772000.

\_\_ / \_\_\_\_ ENTER MONTH AND YEAR

77 / 7777 DON'T KNOW / NOT SURE  
99 / 9999 REFUSED

**C14.03** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

(275)

You have injected any drug other than those prescribed for you in the past year.  
You have been treated for a sexually transmitted disease or STD in the past year.  
You have given or received money or drugs in exchange for sex in the past year.  
You had anal sex without a condom in the past year.  
You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 YES  
2 NO  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

Commented [MH126]: C14.03, HIVRISK5

## Optional Modules

### Module 8: Lung Cancer Screening

**[CATI NOTE: ASK MODULE 8, LUNG CANCER SCREENING, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C09.01=1 (YES) AND C09.02 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO M08.04.]**

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

**M08.01** How old were you when you first started to smoke cigarettes regularly?

Commented [MH127]: M08.01, LCSFIRST



(311-313)

**NOTE:** 'Regularly' means at least one cigarette or more on days that a respondent smokes or smoked.

**NOTE:** If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age.

\_\_\_ AGE IN YEARS [RANGE: 001 – 100]

- 8 8 8 NEVER SMOKED CIGARETTES REGULARLY [GO TO M08.04]
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**M08.02** How old were you when you last smoked cigarettes regularly?

(314-316)

**NOTE:** 'Regularly' means at least one cigarette or more on days that a respondent smokes or smoked.

\_\_\_ AGE IN YEARS [RANGE: 001 – 100]

- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

Commented [MH128]: M08.02, LCCLAST

**M08.03** On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

(317-319)

**NOTE:** 'Regularly' means at least one cigarette or more on days that a respondent smokes or smoked.

**NOTE:** Respondents may answer in packs instead of number of cigarettes

\_\_\_ NUMBER OF CIGARETTES

- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

- |                           |                           |
|---------------------------|---------------------------|
| 0.5 PACK = 10 CIGARETTES  | 1.75 PACK = 35 CIGARETTES |
| 0.75 PACK = 15 CIGARETTES | 2 PACKS = 40 CIGARETTES   |
| 1 PACK = 20 CIGARETTES    | 2.5 PACKS= 50 CIGARETTES  |
| 1.25 PACK = 25 CIGARETTES | 3 PACKS= 60 CIGARETTES    |
| 1.5 PACK = 30 CIGARETTES  |                           |

Commented [MH129]: M08.03, LCSNUMCG

**M08.04** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a

Commented [MH130]: M08.04, LCSCSTSCN



CT or CAT scan?

(314-316)

**READ ONLY IF NECESSARY:**

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 12: Colorectal Cancer Screening

**[CATI NOTE: ASK MODULE 12, COLORECTAL CANCER SCREENING, ON QUESTIONNAIRE PATHS 11/21.]**

**[CATI NOTE: IF RESPONDENT IS  $\leq$  49 YEARS OF AGE, GO TO NEXT SECTION.]**

**M12.01** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (336)

- 1 YES
- 2 NO **[GO TO M12.03]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO M12.03]**
- 9 REFUSED **[GO TO M12.03]**

**Commented [MH131]:** M12.01, BLDSTOOL

**M12.02** How long has it been since you had your last blood stool test using a home kit? (337)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Commented [MH132]:** M12.02, LSTBLDS3

**M12.03** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (338)

**Commented [MH133]:** M12.03, HADSIGM3



- 1 YES
- 2 NO [GO TO NEXT SECTION]
  
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**M12.04** For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?

Commented [MH134]: M12.04, HADSGCO1

(339)

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M12.05** How long has it been since you had your last sigmoidoscopy or colonoscopy?

Commented [MH135]: M12.05, LASTSIG3

(340)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Breast and Cervical Cancer Screening

**[CATI NOTE: ASK BREAST AND CERVICAL CANCER SCREENING QUESTIONS ON QUESTIONNAIRE 11/21.]**

**[CATI NOTE: IF MALE, GO TO THE NEXT SECTION.]**

The next questions are about breast and cervical cancer.

**STBCS1** Have you ever had a mammogram?

(916)

**NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

- 1 YES



- 2 NO [GO TO STBCS3]
- 7 DON'T KNOW / NOT SURE [GO TO STBCS3]
- 9 REFUSED [GO TO STBCS3]

**STBCS2** How long has it been since you had your last mammogram? (917)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STBCS3** Have you ever had a Pap test? (918)

**NOTE:** A Pap test is a test for cancer of the cervix.

- 1 YES
- 2 NO [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 9 REFUSED [GO TO NEXT SECTION]

**STBCS4** How long has it been since you had your last Pap test? (919)

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Module 20: Cognitive Decline**

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[CATI NOTE: ASK MODULE 20, COGNITIVE DECLINE, ON QUESTIONNAIRE PATHS 11/21.]

[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE.]

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

**M20.01** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (377)

Commented [MH136]: M20.01, CIMEMLOS

- 1 YES [GO TO M20.02]
- 2 NO [GO TO NEXT SECTION]
- 7 DON'T KNOW / NOT SURE [GO TO M20.02]
- 9 REFUSED [GO TO NEXT SECTION]

**M20.02** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say... (378)

Commented [MH137]: M20.02, CDHOUSE

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 DON'T KNOW
- 9 REFUSED

**M20.03** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say... (379)

Commented [MH138]: M20.03, CDASSIST

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [GO TO M20.05]
- 5 Never [GO TO M20.05]



- 7 DON'T KNOW [GO TO M20.05]
- 9 REFUSED [GO TO M20.05]

**M20.04** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

Commented [MH139]: M20.04, CDHELP

(380)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 DON'T KNOW
- 9 REFUSED

**M20.05** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

Commented [MH140]: M20.05, CDSOCIAL

(381)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 DON'T KNOW
- 9 REFUSED

**M20.06** Have you or anyone else discussed your confusion or memory loss with a health care professional?

Commented [MH141]: M20.06, CDDISCUS

(382)

- 1 YES
- 2 NO

- 7 DON'T KNOW
- 9 REFUSED



## Module 21: Caregiving

**[CATI NOTE: ASK MODULE 21, CAREGIVING, ON QUESTIONNAIRE PATHS 11/21.]**

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

**M21.01** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

(383)

**NOTE:** If caregiving recipient has died in the past 30 days, say 'I'm so sorry to hear of your loss.' and code 8.

- |   |   |                      |
|---|---|----------------------|
| 1 | YES                                       |                      |
| 2 | NO  | [GO TO M21.09]       |
| 7 | DON'T KNOW / NOT SURE                     | [GO TO M21.09]       |
| 8 | CAREGIVING RECIPIENT DIED IN PAST 30 DAYS | [GO TO NEXT SECTION] |
| 9 | REFUSED                                   | [GO TO M21.09]       |

Commented [MH142]: M21.01, CAREGIV1

**M21.02** What is his or her relationship to you? For example, is he or she your (mother or daughter or father or son)?

(384-385)

**NOTE:** If more than one person, say: 'Please refer to the person to whom you are giving the most care.'

- |    |                            |
|----|----------------------------|
| 01 | MOTHER                     |
| 02 | FATHER                     |
| 03 | MOTHER-IN-LAW              |
| 04 | FATHER-IN-LAW              |
| 05 | CHILD                      |
| 06 | HUSBAND                    |
| 07 | WIFE                       |
| 08 | LIVE-IN PARTNER            |
| 09 | BROTHER OR BROTHER-IN-LAW  |
| 10 | SISTER OR SISTER-IN-LAW    |
| 11 | GRANDMOTHER                |
| 12 | GRANDFATHER                |
| 13 | GRANDCHILD                 |
| 14 | OTHER RELATIVE             |
| 15 | NON-RELATIVE/FAMILY FRIEND |
| 77 | DON'T KNOW / NOT SURE      |
| 99 | REFUSED                    |

Commented [MH143]: M21.02, CRGVREL3



**M21.03** For how long have you provided care for that person? Would you say... (386)

Commented [MH144]: M21.03, CRGVLNG1

**PLEASE READ:**

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.04** In an average week, how many hours do you provide care or assistance? Would you say... (387)

Commented [MH145]: M21.04, CRGVHRS1

**PLEASE READ:**

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M21.05** What is the main health problem, long-term illness, or disability that the person you care for has? (388-389)

Commented [MH146]: M21.05, CRGVPRB3

- 1 ARTHRITIS/RHEUMATISM
- 2 ASTHMA
- 3 CANCER
- 4 CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
- 5 DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS SUCH AS ALZHEIMER'S DISEASE **[GO TO M21.07]**
- 6 DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA
- 7 DIABETES
- 8 HEART DISEASE, HYPERTENSION, STROKE
- 9 HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
- 10 MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
- 11 OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS



- 12 SUBSTANCE ABUSE OR ADDICTION DISORDERS
- 13 INJURIES, INCLUDING BROKEN BONES
- 14 OLD AGE/INFIRMITY/FRAILTY
- 15 OTHER

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**M21.06** Does the person you care for also have Alzheimer's disease, dementia, or other cognitive impairment disorder? (390)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH147]: M21.06, CRGVALZD

**M21.07** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? (391)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH148]: M21.07, CRGVPER1

**M21.08** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? (392)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH149]: M21.08, CRGVHOU1

**[CATI NOTE: IF M21.01 = 1 OR 8, SKIP M21.09 AND GO TO NEXT SECTION.]**

**M21.09** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (393)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH150]: M21.09, CRGVEXPT



## Module 23: Family Planning

**[CATI NOTE: ASK MODULE 23, FAMILY PLANNING, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT, OR IF RESPONDENT IS MALE, GO TO THE NEXT SECTION.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**M23.01** The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

(405)

- |   |                                |                      |
|---|--------------------------------|----------------------|
| 1 | YES                            |                      |
| 2 | NO                             | [GO TO M23.03]       |
| 3 | NO PARTNER/NOT SEXUALLY ACTIVE | [GO TO NEXT SECTION] |
| 4 | SAME SEX PARTNER               | [GO TO NEXT SECTION] |
| 7 | DON'T KNOW / NOT SURE          | [GO TO NEXT SECTION] |
| 9 | REFUSED                        | [GO TO NEXT SECTION] |

Commented [MH151]: M23.01, PFPPRVN3

**M23.02** The last time you had sex with a man, what did you or your partner do the last time you had sex to keep you from getting pregnant?

(406-407)

**NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**NOTE:** If respondent reports using 'condoms,' probe to determine if 'female condoms' or male condoms.

**NOTE:** If respondent reports using an 'IUD' probe to determine if 'Levonorgestrel IUD' or 'copper-bearing IUD.'

**NOTE:** If respondent reports 'other method,' ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 Female sterilization (ex. tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)

Commented [MH152]: M23.02, TYPNCR8



- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho, Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
  
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: GO TO NEXT SECTION AFTER M23.02.]**

**M23.03** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?  
(408-409)

**Commented [MH153]:** M23.03, NOBCUSE7

**NOTE:** If respondent reports 'other reason,' ask respondent to 'Please specify' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)



- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

### Access to Family Planning

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**[CATI NOTE: ASK ACCESS TO FAMILY PLANNING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (M23.03 = 13), IS PREGNANT (C08.19 = 1), OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]**

The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.

**STAFP1** In the past 12 months, have you ever had a time where you needed birth control but couldn't get it? (920)

**NOTE:** If respondent experienced ANY problems getting birth control in the last 12 months, code as "Yes."

- 1 YES
- 2 NO [GO TO STAFP3]
  
- 7 DON'T KNOW / NOT SURE [GO TO STAFP3]
- 9 REFUSED [GO TO STAFP3]

**STAFP2** What is the main reason that delayed or stopped you from being able to access birth control when you needed it? (921-922)

**READ ONLY IF NECESSARY:**

- 01 The clinic, pharmacy or store wasn't open when I needed to go
- 02 The clinic, pharmacy or store was too far away
- 03 I didn't have health insurance
- 04 It was too expensive
- 05 I didn't know enough about the methods available to me



- 06 The clinic, pharmacy or store didn't have the specific birth control method I wanted
- 07 The clinic, pharmacy or store doesn't provide birth control at all
- 08 My prescription ran out and I didn't get it renewed
- 09 I didn't have a doctor and so couldn't get a prescription
- 10 I didn't know where to go to get birth control
- 11 My partner didn't want me to use birth control
- 12 I was thinking about becoming pregnant
- 13 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STAFP3** In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience. (923)

**READ IF NECESSARY:** Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.

**PLEASE READ:**

- 1 Yes, I brought it up with my provider
- 2 Yes, my provider brought it up with me
- 3 No
- 4 I haven't seen a doctor in the last 12 months
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STAFP4** The last time you got birth control, how did you pay for it? (924-925)

**READ ONLY IF NECESSARY:**

- 1 My insurance covered the entire cost
- 2 My insurance covered most of it, I paid a copay
- 3 I paid for all of it out-of-pocket
- 4 The clinic helped me pay for it
- 5 Someone else (friend, family, partner) helped me pay for it
- 6 I enrolled in a clinical trial in order to get it
  
- 88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED



## Binge Drinking

**[CATI NOTE: ASK BINGE DRINKING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C10.3 >= 1 AND <77, CONTINUE. OTHERWISE, GO TO THE NEXT SECTION.]**

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**NOTE:** If asked, 'occasion' means in a row or within a few hours.

**DRNKBER1** During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink?

(926-928)

-- NUMBER OF BEERS **[NOTE: 76 = 76 OR MORE.]**

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**DRNKWIN1** During the same occasion, about how many glasses of wine did you drink?

(929-931)

-- NUMBER OF GLASSES OF WINE **[NOTE: 76 = 76 OR MORE.]**

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED

**DRNKLIQR** During the same occasion, about how many drinks of liquor, including cocktails, did you have?

(932-934)

-- NUMBER OF DRINKS OF LIQUOR **[NOTE: 76 = 76 OR MORE.]**

88 NONE  
77 DON'T KNOW / NOT SURE  
99 REFUSED



**DRNKPMIX** During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

(935-937)

-- NUMBER OF PRE-MIXED DRINKS **[NOTE: 76 = 76 OR MORE.]**

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**DRNKLOC1** During this most recent occasion, where were you when you did most of your drinking?

(938)

**READ ONLY IF NECESSARY:**

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
  
- 6 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**BINGEDRV** Did you drive a motor vehicle, such as a car, truck, or motorcycle, during or within a couple of hours of this occasion?

(939)

**NOTE:** For those with concerns about this question, answering 'Yes' is not meant to imply they were drunk driving or breaking the law.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK BINGEPAY ONLY IF RESPONSE TO DRNKLOC1 = 3 OR 4, OTHERWISE, GO TO NEXT SECTION.]**

**BINGEPAY** During this most recent occasion, approximately how much did you pay for the alcohol you drank?

(940-943)

**NOTE:** Enter amount in dollars only, rounding 50 cents or more up to the next whole dollar and dropping 49 or fewer cents.



**NOTE:** If anyone asks, they do not need to include the amount spent on tips.

\_\_\_ TOTAL AMOUNT PAID **[NOTE: 776 = 776 OR MORE.]**

- 888 PAID NOTHING, DRINKS WERE FREE OR PAID FOR BY OTHERS
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

## Module 24: Alcohol Screening and Brief Interview (ASBI)

**[CATI NOTE: ASK MODULE 24, ALCOHOL SCREENING AND BRIEF INTERVIEW (ASBI), ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C03.04 = 1 OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.]**

Health care providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

**M24.01** You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

(410)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH154]: M24.01, ASBIALCH

**M24.02** Did the health care provider ask you in person or on a form how much you drink?

(411)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH155]: M24.02, ASBIDRNK



**M24.03** Did the health care provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

(412)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH156]: M24.03, ASBIBING

**[CATI NOTE: IF M24.01, M24.02, OR M23.03 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]**

**M24.04** Were you offered advice about what level of drinking is harmful or risky for your health?

(413)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH157]: M24.04, ASBIADV

**M24.05** Health care providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

(414)

**NOTE:** The focus of this set of questions is on what your HEALTH CARE PROVIDER MAY ASK on a form or in person during routine checkups. We are gathering this info from those who do and do not drink alcohol.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Commented [MH158]: M24.05, ASBIRDUC



## Module 25: Marijuana Use

**[CATI NOTE: ASK MODULE 25, MARIJUANA USE, ON BOTH QUESTIONNAIRE PATHS.]**

**M25.01** During the past 30 days, on how many days did you use marijuana or cannabis? (415-416)

Commented [MH159]: M25.01, MARIJAN1

**NOTE:** Marijuana and cannabis include both CBD and THC products.

\_\_ NUMBER OF DAYS **[RANGE: 1 -30]**

88 NONE [GO TO NEXT SECTION]  
77 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]  
99 REFUSED [GO TO NEXT SECTION]

**M25.02** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... (417)

Commented [MH160]: M25.02, USEMRJN2

**NOTE:** Select one. If the respondent provides more than one, say: 'Which way did you use it most often?'

**PLEASE READ:**

- 1 Smoke it (e.g., in a joint, bong, pipe, or blunt)
- 2 Eat it (e.g., in brownies, cakes, cookies, or candy)
- 3 Drink it (e.g., in tea, cola, or alcohol)
- 4 Vaporize it (e.g., in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates)
- 6 Use it in some other way
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M25.03** When you used marijuana during the past 30 days, was it usually... (418)

Commented [MH161]: M25.03, RSNMRJN1

**PLEASE READ:**

- 1 For medical reasons (like to treat or decrease symptoms of a health condition)
- 2 For non-medical purposes (like to have fun or fit in)
- 3 For both medical and non-medical reasons
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



## Module 30: Random Child Selection

**[CATI NOTE: ASK MODULE 30, RANDOM CHILD SELECTION, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF C08.15 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]**

**[CATI NOTE: IF C08.15 = 1, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.' GO TO M30.01.]**

**[CATI NOTE: IF C08.15 IS >1 AND C08.15 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.']**

**[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE 'XTH' CHILD. PLEASE SUBSTITUTE 'XTH' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]**

I have some additional questions about one specific child. The child I will be referring to is the 'Xth' child. **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE 'XTH' [CATI NOTE: PLEASE FILL IN] CHILD.]**

**M30.01** What is the birth month and year of the 'Xth' child? (624-629)

\_\_/\_\_\_\_\_ ENTER MONTH AND YEAR

77/7777 DON'T KNOW / NOT SURE  
99/9999 REFUSED

Commented [MH162]: M30.01, RCSBIRTH

**[CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).]**

**M30.02** Is the child a boy or a girl? (630)

1 BOY  
2 GIRL

Commented [MH163]: M30.02, RCSGENDR



9 REFUSED

**M30.03** Is the child Hispanic, Latino/a, or Spanish origin? (631-634)

Commented [MH164]: M30.03, RCHISLA1

If 'Yes,' ask: Are they...

**NOTE:** One or more categories may be selected.

**PLEASE READ:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin **[GO TO UT30.3c]**
- 5 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK M30.3c ON BOTH QUESTIONNAIRE PATHS.]**

**UT30.3c** You identified your child as being of 'Another Hispanic, Latino/a, or Spanish origin.' Is the child: (944-947)

**NOTE:** One or more categories may be selected.

**PLEASE READ:**

- 1 Dominican
- 2 Central American
- 3 South American
- 4 Another Hispanic or Latino origin
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M30.04** Which one or more of the following would you say is the race of the child?

Commented [MH165]: M30.04, RCSRACE1

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

(635-662)

If 'Asian,' ask: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.



If 'Pacific Islander,' ask: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

**NOTE:** One or more categories may be selected.

- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER **[GO TO UT30.4c]**
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT30.4c ON BOTH QUESTIONNAIRE PATHS.]**

**UT30.4c** You identified your child as being 'Other Pacific Islander.' Is the child: (948)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M30.05** Which one of these groups would you say best represents the child's race? (663-664)

**NOTE:** If the respondent provides more than one category code as '99,' 'REFUSED.'

**Commented [MH166]:** M30.05, RCSBRAC2



- 10 WHITE
- 20 BLACK OR AFRICAN AMERICAN
- 30 AMERICAN INDIAN OR ALASKA NATIVE
- 40 ASIAN
  - 41 ASIAN INDIAN
  - 42 CHINESE
  - 43 FILIPINO
  - 44 JAPANESE
  - 45 KOREAN
  - 46 VIETNAMESE
  - 47 OTHER ASIAN
- 50 PACIFIC ISLANDER
  - 51 NATIVE HAWAIIAN
  - 52 GUAMANIAN OR CHAMORRO
  - 53 SAMOAN
  - 54 OTHER PACIFIC ISLANDER [GO TO UT30.5c]
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK UT30.5c ON BOTH QUESTIONNAIRE PATHS.]**

**UT30.5c** You identified your child as being 'Other Pacific Islander.' Is the child: (949)

**PLEASE READ:**

- 1 Tongan
- 2 Another Pacific Islander
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M30.06** How are you related to the child? Would you say... (665)

**PLEASE READ:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)

**Commented [MH167]:** M30.06, RCSRLTN2



- 5 Other relative
- 6 Not related in any way
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Module 31: Childhood Asthma Prevalence

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**[CATI NOTE: ASK MODULE 31, CHILDHOOD ASTHMA PREVALENCE, ON BOTH QUESTIONNAIRE PATHS.]**

**[CATI NOTE: IF RESPONSE TO C08.15 = 88 (NONE) OR 99 (REFUSED), GO TO STATE-ADDED QUESTIONS.]**

The next two questions are about the 'Xth' **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER]** child.

- M31.01** Has a doctor, nurse, or other health professional EVER said that the child has asthma? (666)
- 1 YES
  - 2 NO **[GO TO STATE-ADDED QUESTIONS]**
  - 7 DON'T KNOW / NOT SURE **[GO TO STATE-ADDED QUESTIONS]**
  - 9 REFUSED **[GO TO STATE-ADDED QUESTIONS]**

**Commented [MH168]:** M31.01, CASTHDX2

- M31.02** Does the child still have asthma? (667)
- 1 YES
  - 2 NO
  - 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

**Commented [MH169]:** M31.02, CASTHNO2



## State-Added Questions

### Hepatitis C Treatment

---

**[CATI NOTE: ASK HEPATITIS C TREATMENT QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**STHPTX1** Have you ever had a blood test for Hepatitis C? (950)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STHPTX2** Have you ever been told by a doctor or other health professional that you had Hepatitis C? (951)

**NOTE:** Hepatitis C is an infection of the liver from the Hepatitis C virus.

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
  
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

**STHPTX3** Were you treated for Hepatitis C in 2015 or after? (952)

**NOTE:** Most hepatitis C treatments offered in 2015 or after were oral medicines or pills, including Harvoni, Viekira, Zepatier, Epclusa and others.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STHPTX4** Were you treated for Hepatitis C prior to 2015? (953)

**NOTE:** Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.



- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STHPTX5** Do you still have Hepatitis C?

(954)

**NOTE:** You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Suicidality

---

**[CATI NOTE: ASK SUICIDALITY QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

I am going to ask you some questions about suicide. Suicide can be a sensitive topic and we realize this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free national crisis hotline you can call. I will give you the phone number for the hotline at the end of this section.

**STSUCON** During the past 12 months, did you ever seriously consider attempting suicide?

(955)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSUATT** During the past 12 months, how many times have you attempted suicide?

(956)

- 1 0 TIMES
- 2 1 TIME
- 3 2 OR 3 TIMES
- 4 4 OR 5 TIMES
- 5 6 OR MORE TIMES
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



**STSUCLOS** We realize this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-273-8255. This number is a toll-free call. Would you like me to repeat this number?

(957)

**NOTE:** If 'Yes,' say 'You can dial 1-800-273-8255.'

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Perceived Social Isolation Scale

---

**[CATI NOTE: ASK PERCEIVED SOCIAL ISOLATION SCALE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

Now I am going to read to you a series of statements about your relationship to other people. Please respond if you never, rarely, sometimes, often, or always agree with the following statements.

**STPSIS1** In the past seven days, I have felt left out. Would you say...

(958)

**PLEASE READ:**

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STPSIS2** In the past seven days, I have felt that people barely know me. Would you say...

(959)

**PLEASE READ:**

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always



- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STPSIS3** In the past seven days, I have felt isolated from others. Would you say... (960)

**PLEASE READ:**

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STPSIS4** In the past seven days, I have felt that people are around me but not with me. Would you say... (961)

**PLEASE READ:**

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Intimate Partner Violence

---

**[CATI NOTE: ASK INTIMATE PARTNER VIOLENCE QUESTIONS ON BOTH QUESTIONNAIRE PATHS OF MEN AND WOMEN.]**

**STIPV0i** The next question is about different type of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships.

This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if



you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions? (962)

- 1 YES
- 2 NO [GO TO STIPVCLS]

**STIPV1** Has an intimate partner EVER tried to push, hit, slap, kick, choke, or physically hurt you in any other way? (963)

- 1 YES
- 2 NO [GO TO STIPVCLS]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STIPV2** During the past 12 months, did an intimate partner push, hit, slap, kick, choke, or physically hurt you in any other way? (964)

- 1 YES
- 2 NO [GO TO STIPVCLS]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STIPV3** When you were physically hurt during the past 12 months by an intimate partner, did you receive help? (965)

- 1 YES
- 2 NO [GO TO STIPV5]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STIPV4** I'm going to read a list of people and places where some people receive help when they are physically hurt. For each one, please tell me whether this was a person or place where you received help when you were physically hurt by an intimate partner during the past 12 months.

Did you receive help from... (966-983)

**PLEASE READ, SELECT ALL THAT APPLY:**



- 01 A family member or friend
- 02 An emergency room or urgent care medical facility
- 03 A health care provider
- 04 A counselor, therapist or social worker
- 05 A religious advisor
- 06 Law enforcement
- 07 A boss or co-worker
- 08 The statewide domestic violence information line (1-800-897-LINK)
- 09 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STIPV5** I am going to read a list of reasons that keep some people from receiving help when they are physically hurt by an intimate partner. For each one, please tell me whether it was a reason that kept you from receiving help during the past 12 months.

Was it because...

(984-1003)

**PLEASE READ, SELECT ALL THAT APPLY:**

- 01 You did not know where to get help
- 02 You did not have the money to pay for services
- 03 You were afraid the person who physically hurt you would find out
- 04 You thought it was your fault that you were physically hurt
- 05 You thought the abuse would stop
- 06 You did not have someone to watch your children
- 07 You were afraid someone would take your children away from you
- 08 You did not have a way to get there
- 09 You did not want any help
- 10 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**STIPVCL5** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-888-421-1100. This is a toll-free call. Would you like me to repeat this number?

(1004)

**NOTE:** If 'Yes,' say 'You can dial 1-888-421-1100.'

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



## Insurance and Access

**[CATI NOTE: ASK INSURANCE AND ACCESS QUESTIONS ON QUESTIONNAIRE 12/22.]**

**[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A 'K' WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03.01 = 1, 7, OR 9, ASK COVTYPE. OTHERWISE, GO TO KCOVTYPE.]**

**NOTE:** The introduction to 'Insurance and Access' questions changes depending on how the respondent answered the core health insurance question and whether or not they have a child in the household.

Next, I'd like to ask a few more questions about your [and your child's] health insurance coverage.

**[CATI/INTERVIEWER NOTE: IF C03.01 = 1, READ: 'EARLIER, YOU SAID YOU DID HAVE HEALTH CARE COVERAGE.']**

**[CATI/INTERVIEWER NOTE: IF C03.01 = 2, READ: 'EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE. THERE ARE SOME TYPES OF PLANS YOU MAY NOT HAVE CONSIDERED.']**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**COVtype** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

(1005-1018)

**NOTE:** If the respondent says 'through the Federal Health Exchange healthcare.gov,' ask if insurance was privately purchased ('02') or through Medicaid ('04').

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)



- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: ASK ONLY OF 18-YEAR-OLD RESPONDENTS.]**

**CHIP** The Utah Children’s Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits. Do you have coverage through CHIP? (1019)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF NO SELECTED CHILD, GO TO INSTRUCTIONS BEFORE HLTHEX.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**KCOVtype** Is the child CURRENTLY covered by any of the following types of health insurance or health coverage plans? (1020-1035)

**NOTE:** If the respondent says ‘through the Federal Health Exchange healthcare.gov,’ ask if insurance was privately purchased (‘02’) or through Medicaid (‘04’).

**NOTE:** The Utah Children’s Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits.

**NOTE:** Select all that apply.

**PLEASE READ:**

- 01 A plan purchased through an employer or union (includes plans purchased through another person’s employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 Utah Children’s Health Insurance Program or CHIP
- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- 08 Some other source
- 09 None (no coverage)
- 77 DON'T KNOW / NOT SURE



99 REFUSED

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE CHILD IS INSURED IF 'KCOVTYPE' = 01-08. THE CHILD IS UNINSURED IF 'KCOVTYPE' = 09. THE CHILD'S INSURANCE STATUS IS UNDETERMINED IF 'KCOVTYPE' = 77 OR 99. CHILDREN WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'KHLTHEX'; CHILDREN WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'KUNINS'; AND CHILDREN WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO NEXT SECTION.]

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE ADULT IS NOW DETERMINED. 0 = UNDETERMINED, 1 = INSURED, 2 = UNINSURED. THE ADULT IS INSURED IF 'COVTYPE' = 01-07. THE ADULT IS UNINSURED IF 'COVTYPE' = 08 AND C03.1 = 1 OR 2. THE ADULT'S INSURANCE STATUS IS UNDETERMINED IF 'COVTYPE' = 77 OR 99 OR ('COVTYPE' = 08 AND C03.1 = 7 OR 9). ADULTS WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'HLTHEX' (THEN ASK 'KHLTHEX,' IF IT APPLIES); ADULTS WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'UNINS' (AFTER BEING ASKED THE NEXT 'K' QUESTIONS, IF APPLICABLE); AND ADULTS WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'EMPLOYED,' IF IT APPLIES.]

HLTHEX Is your coverage through the Federal Health Exchange healthcare.gov? (1036)
1 YES
2 NO
7 DONT KNOW / NOT SURE
9 REFUSED

KHLTHEX Is the child's coverage through the Federal Health Exchange healthcare.gov? (1037)
1 YES
2 NO
7 DONT KNOW / NOT SURE
9 REFUSED

[CATI/INTERVIEWER NOTE: UNINSURED ADULTS WILL BE ASKED 'UNINS' AND 'WHY' QUESTIONS; UNINSURED CHILDREN ARE ASKED 'KUNINS' AND 'KWHY' QUESTIONS. INSURED ADULTS WILL SKIP TO 'KUNINS,' IF APPLICABLE, AND NOT BE ASKED 'UNINS' AND 'WHY' QUESTIONS. INSURED CHILDREN WILL NOT BE ASKED 'KUNINS' AND 'KWHY' QUESTIONS.]

UNINS For how many months have you been uninsured?



(1038-1039)

- 00 Less than 4 weeks [GO TO WHY]
- 01-60 ENTER # OF MONTHS [GO TO WHY]
- 61 More than 5 years [GO TO WHY]
  
- 77 DON'T KNOW / NOT SURE [GO TO WHY]
- 99 REFUSED [GO TO WHY]

**KUNINS**

For how many months has the child been uninsured?

(1040-1041)

- 00 Less than 4 weeks [GO TO KWHY]
- 01-60 ENTER # OF MONTHS [GO TO KWHY]
- 61 More than 5 years [GO TO KWHY]
  
- 77 DON'T KNOW / NOT SURE [GO TO KWHY]
- 99 REFUSED [GO TO KWHY]

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**

**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**WHY**

I am going to read a list of reasons why you might be uninsured. Please tell me which reasons apply to you. Are you uninsured because...

(1042-1059)

**NOTE:** Select all that apply.

**PLEASE READ:**

- 1 Your [or someone else's] employer does not or no longer offers insurance coverage to you
- 2 You [or someone else in the household] lost a job or changed employers
- 3 You [or someone else in the household] is a temporary employee
- 4 You [or someone else in the household] is self-employed
- 5 The premiums cost too much
- 6 You are healthy and decided it would be safe to go without insurance
- 7 The insurance company refused to cover you
- 8 You lost Medicaid or CHIP eligibility
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF NO CHILDREN OR CHILD IS INSURED, GO TO 'EMPLOYED.']**

**[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]**



**[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]**

**KWHY** Now I would like to ask about reasons why THE CHILD might be uninsured. I am going to read a list of reasons, please tell me which reasons apply to the child. Is the child uninsured because ...

(1060-1077)

**NOTE:** Read responses, select all that apply.

- 1 Your [or someone else's] employer does not or no longer offers insurance coverage to the child
- 2 You [or someone else in the household] lost a job or changed employers
- 3 You [or someone else in the household] is a temporary employee
- 4 You [or someone else in the household] is self-employed
- 5 The premiums cost too much
- 6 The child is healthy and it was considered safe for [him/her] to go without insurance
- 7 The insurance company refused to cover [him/her]
- 8 The child lost Medicaid or CHIP eligibility
- 66 Some other reason
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[CATI NOTE: IF 'UNINS' > 12 MONTHS (THE ADULT HAS BEEN UNINSURED FOR MORE THAN 12 MONTHS), GO TO 'EMPLOYED.']**

**[CATI NOTE: If C08.14 = 3, 4, 5, 6, 7, 8, or 9, go to 'EMPLOYED.' If C08.14 = 1 or 2, go to 'HOURSWKD.']**

**EMPLOYED** I am going to ask a few questions about work related activities. Do you do any work for either pay or profit?

(1078)

**NOTE:** If respondent asks why we are asking about employment, say: 'By asking about employment and where people work, the health department is trying to understand more about companies that offer health insurance.'

**NOTE:** If respondent says they have been on vacation recently, it is still necessary to get information on employment. Ask: 'Do you currently work for pay or profit?'

- 1 YES [GO TO HOURSWKD]
- 2 NO [GO TO NEXT SECTION]
  
- 7 DON'T KNOW / NOT SURE [GO TO HOURSWKD]
- 9 REFUSED [GO TO HOURSWKD]



**[CATI NOTE: IF 'EMPLOYED' = 1, 7, OR 9, GO TO 'HOURSWKD.' IF 'EMPLOYED' = 2, GO TO NEXT SECTION.]**

**[CATI NOTE: IF C08.14 = 1 OR 2, SHOW 'EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER 'EMPLOYED FOR WAGES' OR 'SELF-EMPLOYED']']**

**HOURSWKD** How many hours per week do you USUALLY work at your main job? (1079-1080)

**READ IF NECESSARY:** By 'main job,' I mean the one at which you usually work the most hours.

-- Hours **[NOTA: 70 = 70 HOURS OR MORE.]**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Food Insecurity/Food Stamps

**[CATI NOTE: ASK FOOD INSECURITY/FOOD STAMP QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**STFS2** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say... (1081)

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

**STFS1** In the past 12 months, how many months did anyone in your household receive benefits from a FEDERAL food assistance program such as SNAP (food stamps), WIC, or the Free and Reduced Lunch program? Do not include 'Meals on Wheels,' or food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say... (1082)

**NOTE:** Examples of federal food assistance programs are Commodity Supplemental Food Program, Food Distribution Program on Indian Reservations, Emergency Food



Assistance Program, Child and Adult Care Feeding Program, School Breakfast Program, Special Milk Program, and Summer Food Service Program.

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 4 No months
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

**STFS3** In the past 12 months, how many months did anyone in your household receive benefits from any NON FEDERAL food source such 'Meals on Wheels,' food pantries, food banks, soup kitchens, church welfare, backpack programs, or any other charitable food resources. Would you say...

(1083)

**PLEASE READ:**

- 1 All months
- 2 Some months
- 3 Less than a month
- 4 No months
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW /NOT SURE
- 9 REFUSED

## Sidewalk Usage

---

**[CATI NOTE: ASK SIDEWALK USAGE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]**

**STSWK** The next question is about sidewalks in your community, places off of the road that are a solid surface, not dirt. If there were more sidewalks in your community, would you use them?

(1084)

**NOTE:** The purpose of this question is to determine whether the respondent walks (can include using a walker or other mobility device) or rolls (i.e., uses a wheelchair) on a sidewalk in the community. If the respondent indicates he or she uses a vehicle such as a scooter, bike, hover board, etc., on a sidewalk, code response as 'Other.'

- 1 YES
- 2 NO



- 3 OTHER
- 8 THERE ARE ENOUGH SIDEWALKS IN MY COMMUNITY
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Chronic Pain

---

**[CATI NOTE: ASK CHRONIC PAIN QUESTIONS BOTH QUESTIONNAIRE PATHS.]**

**STCHRPN1** Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently? (1085)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STCHRPN2** Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a health care provider. Other opioids like heroin cannot be prescribed. Do you use pain medications prescribed to you by a doctor to treat pain? (1086)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Opioid Overdose Prevention

---

**[CATI NOTE: ASK OPIOID OVERDOSE PREVENTION QUESTIONS EXCEPT PPM7 ON BOTH QUESTIONNAIRE PATHS. ASK PPM7 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**STPDRU5** Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription pain medications or heroin. Have you ever heard of this medication? (1087)

**NOTE:** Naloxone is pronounced 'Na-lahx-own.'

- 1 YES
- 2 NO **[GO TO NEXT SECTION]**
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**



9 REFUSED [GO TO NEXT SECTION]

**PPM11** Are you aware that anyone can obtain a prescription for Naloxone? (1088)

1 YES  
2 NO [GO TO PPM7]

7 DON'T KNOW / NOT SURE [GO TO PPM7]  
9 REFUSED [GO TO PPM7]

**PPM13** Have you used this prescription to reverse a suspected overdose? (1089)

1 YES  
2 NO  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**[CATI NOTE: ASK PPM7 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**PPM7** Are you aware of the 911 Good Samaritan Law enabling bystanders to report a drug overdose without fear of criminal prosecution for illegal possession? (1090)

1 YES  
2 NO  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

## Utah Tobacco Use Questions

**[CATI NOTE: ASK ALL UTAH TOBACCO USE QUESTIONS EXCEPT STSMK7 AND STSMK9 ON BOTH QUESTIONNAIRE PATHS. ASK STSMK7 AND STSMK9 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**[CATI NOTE: IF C09.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS'), THEN RESPONDENT HAS A STATUS OF 'CURRENT SMOKER' AND CONTINUE. OTHERWISE, GO TO STSMK3.]**

**STSMK2** For the next question, I am going to read you a set of possible answers. Please answer 'Yes' or 'No' to each answer. Do you plan to quit smoking for good... (1091)



**NOTE:** Pause between each response option to allow respondents to answer 'Yes' or 'No.' Enter the response code for the first 'Yes' and then continue to the next question. If the respondent does not answer 'Yes' to any response option, enter 'Don't know / Not sure.'

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now
- 6 You don't plan on quitting
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: IF C09.02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS') OR IF C09.04 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO SMKAD2.]**

The next questions are about interactions with a doctor, nurse, or other health professional.

**STSMK3** In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

(1092)

- 1 YES
- 2 NO **[GO TO SMKAD2]**
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSMK4** During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

(1093)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSMK5** Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

(1094)

- 1 YES
- 2 NO



- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSMK6** Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking? (1095)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**SMKAD2** In the past 30 days, how often have you seen ads on TV or online encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1096)

**NOTE:** Online includes internet use on desktop computers, tablets, and phones.

**PLEASE READ:**

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[CATI NOTE: ASK STSMK7 AND STSMK9 ON QUESTIONNAIRE PATHS 12/22 ONLY.]**

**STSMK7** In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (1097)

- 1 YES
- 2 NO
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**STSMK9** The next question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.



During the past 7 days, on how many days did you breathe smoke from someone other than you who was smoking a cigarette, cigar, pipe, or any other tobacco product?

(1098-1099)

-- NUMBER OF DAYS [RANGE: 1-7]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

### Overall Health

**[CATI NOTE: ASK OVERALL HEALTH QUESTION ON QUESTIONNAIRE PATHS 11/21 ONLY.]**

**STOHLTH** What would you say are the top three physical and mental health concerns facing you, your family, and/or your community right now?

(1100-1358)

**NOTE:** If the respondent says 'I don't know,' 'I can't think of anything,' or 'I don't have any concerns,' enter 'I don't know.'

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

### Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about your (your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah. The information you gave us today and anyone in your household will give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(668)

- 1 YES
- 2 NO

Can I please have (your/your child's) first name, initials, or nickname so we will know who to ask for when we call back?



\_\_\_\_\_ Enter first name, initials, or nickname

What is a good time to call you back? For example, evenings, days, or weekends?

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**Asthma Call-Back Selection**

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Which person in the household was selected as the focus of the asthma call-back?

(669)

- 1 ADULT
- 2 CHILD

**State Follow-Up Question**

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**[CATI NOTE: IF RESPONDENT OR THEIR CHILD HAS ASTHMA (THEY WERE ASKED AFU1), GO TO THE CLOSING STATEMENT.]**

**STFU1** Occasionally programs at the Utah Department of Health would like to conduct follow-up surveys on specific health issues. May I please have your first name or initials so that we can ask for you specifically if we contact you in the future? You can always let us know at that time if you do not wish to participate in the survey. (1359)

**NOTE:** If the respondent wants examples of surveys, say tobacco use or traumatic brain injury.

- 1 YES **[GO TO STFU2]**
- 2 NO (Does not want to give first name or initials but does not specifically refuse to be contacted for a follow-up survey)
- 9 REFUSED (Does not want to be contacted for a follow-up survey)

**STFU2** What is your first name or your initials? [Would you spell that for me, please?] (1360-1384)

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## Closing Statement

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That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.



## Activity List for Common Leisure Activities

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To be used for Section 11: Exercise (Physical Activity)

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### Code Description (Physical Activity, Questions C13.2 and C13.5 above)

|  |   |
|--|---|
| 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)              | 39 Rope skipping  |
| 02 Aerobics video or class   | 40 Rowing machine exercises                                     |
| 03 Backpacking   | 41 Rugby  |
| 04 Badminton   | 42 Scuba diving   |
| 05 Basketball  | 43 Skateboarding  |
| 06 Bicycling machine exercise  | 44 Skating – ice or roller                                      |
| 07 Bicycling   | 45 Sledding, tobogganing  |
| 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 46 Snorkeling   |
| 09 Bowling   | 47 Snow blowing   |
| 10 Boxing  | 48 Snow shoveling by hand                                       |
| 11 Calisthenics  | 49 Snow skiing  |
| 12 Canoeing/rowing in competition  | 50 Snowshoeing  |
| 13 Carpentry   | 51 Soccer   |
| 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.                 | 52 Softball/Baseball  |
| 15 Elliptical/EFX machine exercise                                       | 53 Squash   |
| 16 Fishing from river bank or boat                                       | 54 Stair climbing/Stair master                                  |
| 17 Frisbee   | 55 Stream fishing in waders                                     |
| 18 Gardening (spading, weeding, digging, filling)                        | 56 Surfing  |
| 19 Golf (with motorized cart)  | 57 Swimming   |
| 20 Golf (without motorized cart)   | 58 Swimming in laps   |
| 21 Handball  | 59 Table tennis   |
| 22 Hiking – cross-country  | 60 Tai Chi  |
| 23 Hockey  | 61 Tennis   |
| 24 Horseback riding  | 62 Touch football   |
| 25 Hunting large game – deer, elk  | 63 Volleyball   |
| 26 Hunting small game – quail  | 64 Walking  |
| 27 Inline Skating  | 66 Waterskiing  |
| 28 Jogging   | 67 Weight lifting   |
| 29 Lacrosse  | 68 Wrestling  |
| 30 Mountain climbing   | 69 Yoga   |
| 31 Mowing lawn   | 71 Childcare  |
| 32 Paddleball  | 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)   |
| 33 Painting/papering house   | 73 Household Activities (vacuuming, dusting, home repair, etc.) |
| 34 Pilates   | 74 Karate/Martial Arts  |
| 35 Racquetball   | 75 Upper Body Cycle (wheelchair sports, ergometer)              |
| 36 Raking lawn/trimming hedges   | 76 Yard work (cutting/gathering wood, trimming, etc.)           |
| 37 Running   | 77 Other/Not listed/Refused                                     |
| 38 Rock climbing   |   |